

### **NPM #13: Percent of children without health insurance.**

Percent of Children (0-17) Without Health Insurance in 2001: 35,000, or 3%.

#### **a) Report of 2002 Major Activities**

##### **1. Medicaid/CHIP Outreach—Enabling Services—Children, including CSHCN**

In 2002, total family Medicaid recipients (the sum of Medicaid and BadgerCare enrollments) increased by 54,689 persons, or 14.9%. The total family Medicaid enrollment totaled 421,490 persons.

Under Medicaid/CHIP outreach, various activities were undertaken, although none were directly funded by any major federal funding source, as in previous years. We continued to provide consultation with local health departments and providers in particular on technical aspects of enrolling children into health care coverage.

##### **2. Covering Kids/Families Coalition—Enabling Services—Children, including CSHCN**

One particular initiative in 2002 involved Title V MCH/CSHCN Program assistance in procuring a four-year, \$900,000 Robert Wood Johnson grant, “Covering Kids and Families.” The main goal of the grant is to help enroll children and families in public health insurance programs. The Title V MCH/CSHCN Program Outreach Consultant assisted in writing the grant with the lead agency, the University of Wisconsin – Extension agency. Subsequently, he was elected co-chair of the statewide coalition. Two local health departments, LaCrosse County Health Department and the City of Milwaukee Health Department, serve as local coalitions in the effort.

This grant involves convening a statewide coalition to undertake three main goals: outreach to enable children and families to enroll in Medicaid or BadgerCare; simplification of enrollment and renewal processes, and coordinating existing health care coverage programs. Numerous outreach efforts were undertaken, including ten back-to-school media placements reaching nearly 250,000 persons, and a major Milwaukee health fair reaching more than 1,000 families.

##### **3. Medicaid Administrative Claiming Planning—Enabling Services—Children, including CSHCN**

Title V MCH/CSHCN Program staff met intermittently with Medicaid staff to seek approval to allow public health departments to claim added federal Medicaid funds through Medicaid Administrative Claiming (MAC). Activities in 2002 centered on specific use of MAC for oral health access, an earmarked option under the “Medicaid-Title V MCH/CSHCN Program” rule.

#### **b) Current 2003 Activities**

##### **1. Medicaid/CHIP Outreach—Enabling Services—Children, including CSHCN**

Numerous outreach consultation activities continue in 2003. We provide a distribution point for eligibility-related brochures and offer TA on eligibility-related questions. For example, demand continues for updated income-eligibility guidelines, which change each year in April. We also provide

consultation on policy-related questions for the MCH Hotline staff. The Title V MCH/CSHCN Program MCH Hotline continues serving children and their parents and caretakers by providing information and referral services statewide. Thus, the Title V MCH/CSHCN Program continues its proven outreach activities that lead to increased enrollment.

**2. Covering Kids/Families Coalition—Enabling Services—Children, including CSHCN**

The Title V MCH/CSHCN Program role in co-chairing the Wisconsin CKF grant has taken an increasing share of the outreach consultant's time in 2003. We attended a major CKF orientation and training seminar in Savannah, GA. This training offer numerous insights to continue enrollment of families needing health insurance because of job loss due to the economic downturn. Even though Wisconsin's state fiscal situation is tight as it is in the other states, the new administration of Gov. Jim Doyle has pledged its support to continuing the "whole family" BadgerCare CHIP program.

**3. Medicaid Administrative Claiming Planning—Enabling Services—Children, including CSHCN**

Our initiative to increase federal funding for MCH and CSHCN services has seen marked progress in 2003. The Doyle administration, seeking to maximize federal dollars for Medicaid because of the state budget deficit, has included a provision to allow MAC reimbursements to counties for Medicaid outreach and related activities. If enacted, this could significantly benefit county-based health departments who perform these activities. We hope to gain DHFS Secretary Helene Nelson's approval to move forward with a companion federal regulation to reimburse MCH and CSHCN services via the "Title V MCH/CSHCN Program rule." In a related development, the Secretary has shown interest in prevention activities that have cost-containment potential.

c) 2004 Plan/Application

**1. Medicaid/CHIP Outreach—Population-Based Services—Children, including CSHCN**

We plan to continue our consultation to local health departments, the MCH Hotline, and monitor Medicaid/ BadgerCare enrollments as previously performed. We expect Medicaid/BadgerCare enrollments to continue the upward trend of previous years.

**2. Covering Kids/Families Coalition—Enabling Services—Children, including CSHCN**

Our role in this project will wind down in 2004, as the two-year term of the outreach consultant will end. We foresee continued support to the two health departments serving as local coalitions in the project, however. For example, the local coalition will continue to seek more grant funding to sustain the project into the future.

**3. Medicaid Administrative Claiming Planning—Enabling Services—Children, including CSHCN**

In 2004, we plan to vigorously pursue MAC in Wisconsin for maternal and child health purposes. Negotiations with Medicaid staff and with CMS are likely to continue over an extended time.

The federal government's "Medicaid-Title V MCH/CSHCN Program rule" requires that Medicaid agencies "reimburse the (Title V MCH/CSHCN Program) grantee or the provider for the cost of

services furnished to recipients by or through the grantee” if requested. Public health agencies in 20 states have taken advantage of this revenue stream to date.

These categories of maternal and child health service provision are specifically earmarked for “Medicaid-Title V MCH/CSHCN Program rule” reimbursement: maternal and child health services; children with special health care needs services; maternal and infant care projects; children and youth projects; and projects for the dental health of children.

This endeavor, if successfully implemented, would provide stable, equitable funding for high-need maternal and child health services, such as oral health.